## STATE OF ALASKA LETTER OF INTENT WRITE-IN CANDIDATES FOR PRESIDENT AND VICE PRESIDENT

Please check: \_\_\_\_\_ We acknowledge we are responsible for contacting the Federal Election Commission for federal reporting requirements: 999 E St., N.W., Washington, DC 20463

GENERAL	. INFORMATIO	<b>ON</b> (Please prir	nt or type)		
I,PRES	IDENT OF TH	, declare E UNITED STA	e myself to be a ca	ındidate for the c	office of:
L		. declare	e myself to be a ca	andidate for the c	office of:
VICE PR	ESIDENT OF	THE UNITED S			
We are write-in candidat	es for the <b>Nove</b>	mber 6, 2012 G	eneral Election	<b>n</b> ballot.	
We are registered under and are candidates of the	e(Par	ty Name)	political party	OR	
We are candidates of the(Group Nar	ne)	political group	OR(Pleas	se Check) We are a political group or	not affiliated party
RESIDENCY INFO	RMATION -	CANDIDATE F	OR PRESIDI	ENT	
My current residence address is:(Use street #, mile p	ost, or other physical	location description)	(City)	(State)	(Zip)
I have lived at this address since (MM/DD)	<u>(YY)</u>				
My mailing address is:(Mailing A	ddress)		(City)	(State)	(Zip)
RESIDENCY INFORM	MATION – CA	NDIDATE FOR			/7:n\
Use street #, mile I have lived at this address since,	post, or other physica (YY)	il location description)	(City)	(State)	(Zip)
My mailing address is:(Mailing A			(City)	,(State)	(Zip)
	CONTACT IN	FORMATION			
Contact's Name:			ne Number		
Mailing address:(Mailing Address)			,	(04-4-)	<b>7</b> '\
(Mailing Address)		,	(City)	(State) (2	Zip)
We are requesting voters to write of	our names as	follows:			
(For President - Last Name)	(First Name)		(MI)	(Nickname and/or Suffix)	
(For Vice-President - Last Name)	(First	(First Name)		(Nickname and/or Suffix)	
We, the undersigned, certify that the information and citizenship requirements of this office. We full elected. We are not candidates for any other office under any other means of declaring candidates.	urther certify that wi ice to be voted upo	<i>tent</i> is true and con e shall meet the ag	e requirements up	oon taking the oa nor are we cand Please provid	ath of office, if
(Signature of candidate for President)	(Date) (Home Phone)		(Work Phone)	one) (SSN# or DOB)	
(Signature of candidate for Vice-President)	(Date)	(Home Phone)	lome Phone) (Work Phone) (SSN# or DOB)		r DOB)

THE DIVISION OF ELECTIONS MUST RECEIVE THIS FORM NO LATER THAN THURSDAY, NOVEMBER 1, 2012 RETURN THIS FORM TO: DIVISION OF ELECTIONS, PO BOX 110017, JUNEAU AK 99811-0017